FORM D

SEC Mail Processing UNITED STATES
Section UNITED STATES
Section UNITED STATES
Washington, D.C. 20549

MAY 27 2008

FORM D

Washington, DC NOTICE OF SALE OF SECURITIES
110 PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00

SEC USE ONLY								
Prefix	Serial							
DATE RECEIVED								

Name of Offering (check if this is an amendment and name has changed, and indicate change.) ADVANCED EQUITIES LUXTERA INVESTMENTS I, LLC/ OFFERING OF MEMBERSHIP INTERESTS
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing:
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) ADVANCED FOURTIES LIVE BAINVESTMENTS LIVE 08047844
ADVANCED EQUITIES LUXTERA INVESTMENTS I, LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
311 SOUTH WACKER DRIVE SUITE 1650 CHICAGO IL 60606 312-377-5300 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)
SAME SAME
Brief Description of Business INVESTMENT IN SECURITIES OF LATE STAGE PRIVATELY HELD TECHNOLOGY -BASED PRODUCT AND SERVICE COMPANIES.
TWO ESTIMATION TO CATE STAGE PROVIDED TESTINOCEST PROCEST AND SERVICE COMPANIES.
Type of Business Organization
Type of Business Organization Corporation
Month Year • • • • • • • • • • • • • • • • • • •
Actual or Estimated Date of Incorporation or Organization: 11 07 X Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) THOMSON REUTERS
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
ATTENTION —
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) ADVANCED EQUITIES LUXTERA MANAGEMENT CORP. Business or Residence Address (Number and Street, City, State, Zip Code) 311 SOUTH WACKER DRIVE SUITE 1650 CHICAGO IL 60606 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: General and/or Promoter ☐ Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

				B. 1	NFORMAT	ON ABOU	T OFFERI	NG				
							, .	.1.1 00 1			Yes	No
1. Has the	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								· [✓		
	Answer also in Appendix, Column 2, if filing under ULOE.								/41			
	investment in the Shares is \$1,000,000, although the managing members may accept contributions of lesser amounts in their sole discretion.										N	
3. Does th									. 🗸			
commis If a pers or states	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									g. te		
Full Name (Full Name (Last name first, if individual)											
Business or	Residence	Address (N	lumber and	1 Street C	ity State 7	in Code)						
311 South V					•	iip Code)						
Name of Ass				, , , , , , , , , , , , , , , , , , , ,			<u>-</u>					
Advanced E												
States in Wh			Solicited	or Intends	to Solicit	Purchasers						
		s" or check									🗆 🗛	l Stat
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[AL]	IN	(AZ)	[AR]	KY)	LA	CT ME	MD	MA)	MI	MN	MS]	[<u>II</u>
IL MT		IA NV	KS NH	NJ	NM	NY)	NC	ND	OH]	OK)	OR]	[<u>M</u>
MT)	NE SC	SD	[NH]	(TX)	(UT)	VT	VA	WA.	WV	WI	WY	P
Business or	Residence	: Address (N	Number an	d Street, C	lity, State, I	Zip Code)						
	ame of Associated Broker or Dealer										<u> </u>	
Name of As:												
	nich Person	Listed Has	Solicited	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								
States in Wh											🔲 AI	l Stat
States in Wh	"All States	s" or check	individual	States)		••••					_	_
States in Wh (Check	"All States	s" or check	individual	States)	CO	CT	DE	DC	FL	GA	111	
States in Wh (Check	"All States [AK]	s" or check AZ IA	individual AR KS	States) CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	III MS	[]] [M
States in Wh (Check AL IL MT	"All States [AK] [N] NE	S" or check AZ IA NV	individual AR KS NH	States) CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	III MS OR	II M P
States in Wh (Check AL IL MT	"All States AK IN NE SC	S" or check AZ IA NV SD	individual AR KS NH TN	States) CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	III MS	M P
States in Wh (Check AL IL MT	"All States AK IN NE SC	S" or check AZ IA NV SD	individual AR KS NH TN	States) CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	III MS OR	M P
States in Wh (Check AL IL MT	"All States AK IN NE SC Last name	s" or check AZ IA NV SD first, if indi	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	III MS OR	M P
States in Wh (Check AL IL MT RI Full Name (I	"All States AK IN NE SC Last name	AZ IA NV SD first, if indi	AR KS NH TN ividual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	III MS OR	M P
States in Wh (Check IL MT RI	"All States AK IN NE SC Last name	AZ IA NV SD first, if indi	AR KS NH TN ividual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	III MS OR	M P
States in Wh (Check AL IL MT RI Full Name (I) Business or	"All States AK IN NE SC Last name Residence	S" or check AZ IA NV SD first, if indi Address (No	AR KS NH TN ividual)	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND	FL MI OH	GA MN OK	III MS OR	M P
States in Wh (Check AL IL MT RI Full Name (I) Business or Name of Ass States in Wh	"All States AK IN NE SC Last name Residence	S" or check AZ IA NV SD first, if indi Address (No	AR KS NH TN ividual) Number an	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	M P P
States in Wh (Check AL IL MT RI Full Name (I) Business or Name of Ass States in Wh (Check	"All States AK IN NE SC Last name Residence sociated Braich Person "All States	AZ IA NV SD first, if indi Address (N roker or Dea	AR KS NH TN ividual) Number an aler s Solicited individual	CA KY NJ TX d Street, C	CO LA NM UT City, State, 2	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	M P/P
States in Wh (Check AL IL MT RI Full Name (I) Business or Name of Ass States in Wh (Check AL	"All States AK IN NE SC Last name Residence sociated Branch Person "All States AK	AZ IA NV SD first, if indi Address (Noroker or Dea	AR KS NH TN ividual) Number an aler s Solicited individual	CA KY NJ TX d Street, C or Intends States)	CO LA NM UT City, State, a to Solicit	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	M. P. P. P. I State
States in Wh (Check AL IL MT RI Full Name (I) Business or Name of Ass States in Wh (Check	"All States AK IN NE SC Last name Residence sociated Braich Person "All States	AZ IA NV SD first, if indi Address (N roker or Dea	AR KS NH TN ividual) Number an aler s Solicited individual	CA KY NJ TX d Street, C	CO LA NM UT City, State, 2	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	Pi

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero," If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	\$
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total	\$ 43,000,000.00	\$ 170,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	<u>\$ 170,000.00</u>
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)	N/A	s_N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	s N/A
	Regulation A	N/A	s N/A
	Rule 504	N/A	s N/A
	Total)	\$ 0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		3 <u> </u>
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ 15,000.00
	Legal Fees		\$_10,000.00
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)		\$ 8,500.00
	Other Expenses (identify)	-	\$
	Total	_	\$ 33,500.00

	C. OFFERING PRICE, NUMBE	ER OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Queroceeds to the issuer."	uestion 4.a. This difference is the "adjusted gross		\$
i.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estimate and he payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] \$	
	Purchase of real estate] \$	
	Purchase, rental or leasing and installation of machi	inery] \$	s
	Construction or leasing of plant buildings and facili			
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	or securities of another	7\$	S
	Repayment of indebtedness	-	=	
	Working capital	_		_
	Other (specify): purchase of investment securities	s ,] \$	\$ 170,000.00
] \$	s
	Column Totals		1 \$ 0.00	☑ \$ 170,000.00
	Total Payments Listed (column totals added)	_	•	70,000.00
		D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the un nature constitutes an undertaking by the issuer to furni information furnished by the issuer to any non-accre	sh to the U.S. Securities and Exchange Commiss	ion, upon writte	
SS	uer (Print or Type)	Signature	ate	
Α	NCED EQUITIES LUXTERA INVESTMENTS I, LLC		5/19/2008	
√a	me of Signer (Print or Type) Amal Amin	Title of Signer (Print or Type) SECRETARY OF MANAGEMENT OF	GING MEMBEF	R

(2) Calculated based on the maximum aggregate offering amount.

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE						
	1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X	(3)	
		See Appendix, Column 5, for state response.				

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature
ADVANCED EQUITIES LUXTERA INVESTMENTS I, LLC	05/19/2008
Name (Print or Type)	Title (Print or Type)
Amal Amin	SECRETARY OF MANAGING MEMBER

(3) Not applicable for Rule 506 offerings.

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX										
-	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK								_		
AZ										
AR										
CA		×	43,000,000	2	\$170,000.00	0	\$0.00		×	
со										
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МА										
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MN										
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APPENDIX 5 ì 2 3 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach Type of investor and amount purchased in State offering price explanation of to non-accredited waiver granted) offered in state investors in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Accredited Non-Accredited Yes No State Yes No Investors Amount **Investors** Amount MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RΙ SCSD TN TX UT VT VAWA WV WI

	APPENDIX										
1		2	3		4						
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY									·		
PR											

